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7590

07/07/2005

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09/06/2005 HDEMSS2 00000066 501239 10040944

01 FC:1501 1400.00 DA
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KATHLEEN A. ANDRADE (Depositor's name)
Kathleen A. Andrade (Signature)
September 6, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/040,944	01/09/2002	Vito James Carlucci	884,0051USU	5138

TITLE OF INVENTION: HAIR SETTING ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOSTER, JIMMY G	3728	206-349000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LAWRENCE CRUZ
2. STEVEN A. GARNER
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CONAIR CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ONE CUMMINGS POINT ROAD.
STAMFORD, CT. 06902

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 50 #3 - each

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- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501239 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Richard A. Margulies
CONAIR CORPORATION

Date

Sept. 6, 2005

Typed or printed name

By: RICHARD A. MARGULIES, VP

Registration No.

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